

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007939

FILED  
May 01, 2006  
Secretary of State

**Entity Name:** OCEAN WALK AT NEW SMYRNA BEACH - BUILDING NO. 7 CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

5300 S. ATLANTIC AVE.  
NEW SMYRNA BEACH, FL 32169

**New Principal Place of Business:**

**Current Mailing Address:**

5300 S. ATLANTIC AVE.  
NEW SMYRNA BEACH, FL 32169

**New Mailing Address:**

**FEI Number:** 51-0528508      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

GRAHAM, HESSE E SR  
369 N. NEW YORK AVE.  
THIRD FLOOR  
WINTER PARK, FL 32789 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PSD ( ) Delete  
Name: TRUILLI, GUILLIO  
Address: 5300 S. ATLANTIC AVE.  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: VD ( ) Delete  
Name: CAMPORESE, ROBERT  
Address: 5300 S. ATLANTIC AVE.  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: TD ( ) Delete  
Name: PHEIGARU, JAMES  
Address: 1215 GESSNER DRIVE  
City-St-Zip: HOUSTON, TX 77055

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PSD (X) Change ( ) Addition  
Name: HUSENAJ, SEJDI  
Address: 5300 S. ATLANTIC AVE. UNIT 7502  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: VP (X) Change ( ) Addition  
Name: HUFF, STEVE  
Address: 5300 S. ATLANTIC AVE. UNIT 7506  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: TD (X) Change ( ) Addition  
Name: FRIEDMAN, PHIL  
Address: 5300 S ATLANTIC AVE UNIT 7605  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARTHUR FAGGE

MGR

05/01/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date